

REQUEST FOR PERMISSION TO TRAVEL OUTSIDE THE DISTRICT OF NEVADA

(Form must be received by probation officer at least two weeks prior to proposed travel.)

TO PROBATION OFFICER: _____

FROM (Print your name): _____

Street Address: _____

City, State, Zip: _____

Telephone no.(s): Cell: _____ Home: _____

Email: _____

REQUEST TO LEAVE ON _____ AND RETURN ON _____

DESTINATION (City and State) _____

PURPOSE OF TRAVEL (Provide name and address of person/persons with whom you will be doing business.)

LODGING (Location where you will be staying. Indicate if staying alone or with relative/friend, etc. Include full name, address, telephone number, and if they have any prior criminal history.)

METHOD OF TRAVEL (Car, airplane, bus, etc. Provide complete information, e.g. description of auto, license plate number, flight information, etc.)

ESTIMATED TOTAL COST OF TRAVEL AND SOURCE OF FUNDS

ANSWER THE FOLLOWING (if applicable),

- | | | | | | | | |
|----|--|-----|-----|----|-----|-----|-----|
| 1. | Are your fine/restitution payments current? | Yes | ___ | No | ___ | ___ | N/A |
| 2. | Do you have any criminal charges pending? | Yes | ___ | No | ___ | | |
| 3. | Are you current with your community service obligation? | Yes | ___ | No | ___ | ___ | N/A |
| 4. | Are you involved in drug/alcohol/mental health services? | Yes | ___ | No | ___ | ___ | N/A |

ANY FALSE STATEMENT (INCLUDING FACTUAL OMISSIONS) MAY RESULT IN REVOCATION OF SUPERVISION.

SIGNATURE

DATE